Reviewer's report

Title: Evaluating carbapenem restriction practices at a private hospital in Manila, Philippines as a strategy for antimicrobial stewardship

Version: 0 Date: 22 Feb 2019

Reviewer: Ana Hoxha

Reviewer's report:

Notes
Title: Suggest to include private hospital in the title, given the fact that is mentioned as one of limitations in representing the situation in the whole country. Can the authors kindly explain and justify, how their study, limited to the reality of a private hospital in Manila, can have implications for stewardships in low- and middle-income countries, when it is not even applicable to the whole country of the Philippines?

Line 123-126: The cited guideline refers to hospital acquired and ventilator associated pneumonia, not to every kind of infection, and it was published in July 2016. How comes that your PARA started in 2002 was already using this as a reference? Do the mentioned internal guideline refer to every kind of infection? It would be very appropriate to add maybe an annex with the internal clinical guideline, not just the logistical organization.

142-143: Can the authors quantify how many were the carbapenem prescription done by ID specialist without a PARA request? This information would be very useful to quantify the whole prescription phenomenon inside the hospital during the study period.

Line 160-161: No results for t-test or odds ratios are presented. Most probably this should not be reported as part of the methodology.

Line 171: What is defined as prophylactic use of carbapenems, since it is not described in the methods?

Line 172: No need to mention in the results "Patient demographics, diagnoses, and characteristics of hospital stay were compiled from manual review of patient charts" since it is in the methods.

Line 187-192: Please better clarify "Second, an incomplete course of antibiotics was considered non-adherent only for reasons within the control of the provider. These reasons included 1) the discharge of a patient prior to full carbapenem course (without indication for antibiotic continuation as an outpatient), 2) patient or family member's refusal to finish the carbapenem course, sometimes due to financial concerns, 3) or note of clinical improvement/resolution with the carbapenem that justified discontinuation of therapy, or 4) no reason was stated in the chart ". How can the provider control the patient's and family member's refusal to finish the carbapenem course?
The authors report "The PARA program does not mandate adjustment of therapy upon the availability of microbiological culture results", while in the introduction clinical guidelines are cited. Does it mean that the clinical guidelines cited are just general and not those followed in the hospital? In that case, please report what the internal guidelines followed by the clinicians.

Table 1: Why did you decide to present the median and not the mean for Length of hospital days, and Duration of therapy?

Figure 1: Were all the n=256 results presented in the graph detected in your 185 cases included in the study? Maybe it would make more sense to present this information in a tabular way, with the total n and % for each species. The pie chart is complicated to read.

Additional:
- It would be interesting to see the association of the patients that had a death outcome and the adherence of their prescription with the guidelines.

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Quality of written English
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